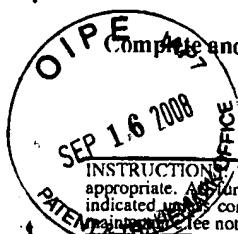


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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21394 7590 09/09/2008

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Angela Loding	(Depositor's name)
<i>Angela Loding</i>	(Signature)
9-16-08	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/963,736	09/26/2001	David C. Hovda	E-05-2	1485

TITLE OF INVENTION: SYSTEMS AND METHODS FOR ELECTROSURGICAL TREATMENT OF TURBINATES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$1440	\$1440	12/09/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
COHEN, LEE S	3739	606-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Brian E. Szymczak

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ArthroCare Corporation

Austin, TX

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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Authorized Signature

Date 9/14/2008

Typed or printed name Brian E. Szymczak

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Adjustment date: 09/17/2008 SSANDAR1
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PTOL-01 (Rev. 10-07) Approved for use through 08/31/2010.

OMB 0651-0033

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